Clinical Utilization Review Board (CURB)
Meeting Minutes
July 8, 2015

PRESENT:
Board: Michel Benoit, MD, David Butsch, MD, Nels Kloster, MD, Jessica MacLeod, NP, John Matthew, MD, Richard Wasserman, MD

DVHA Staff: Daljit Clark, Aaron French, Jennifer Herwood, Susan Mason, Megan Mitchell, Thomas Simpatico, MD (moderator), Scott Strenio, MD, Bradley Wilhelm

Guests: Lisa Schilling

Absent: Delores Burroughs-Biron, MD, Ann Goering, MD, Paul Penar, MD, Norman Ward, MD

HANDOUTS

- Agenda
- Draft minutes from May 20, 2015 Meeting
- Past CURB Initiatives Handout

CONVENE: Dr. Thomas Simpatico convened the meeting at 6:30 pm.

1.0 Introductions

2.0 Review and Approval of Minutes

The minutes from 5/20/2015 meeting were approved as written.

3.0 Updates

DVHA Staff Update
New CURB member Nels Kloster, MD, Psychiatrist from Southern Vermont was introduced to the group.

CURB Meeting Policy
DVHA will present a written attendance policy at the next meeting in September. Dr. Simpatico explained that he values the face to face nature of this meeting. The types of things discussed in the meeting require face to face engagements.

Past CURB Initiatives
The past CURB voting initiatives were reviewed and handed out to the group. This information will be part of the dashboard.

4.0 New Business

Conflict of Interest Policy

Bradley Wilhelm, DVHA Attorney presented the Conflict of Interest policy and questionnaire to the group. He explained that Executive Order 353 requires that all departments and agencies must use due diligence regarding conflict of interest to comply with this order. The DVHA legal team created the questionnaire which will be emailed to each member. It is required that members update this yearly and sooner if there is any major change.

Comparison with other States – 90853

There were three issues with the 90853 group therapy procedure code:

- Compliance
- Evaluate change in practice/service
- Evaluate change in cost

As of 7/1/2015 VT Medicaid is in compliance by only allowing one unit session to be billed per day. The reimbursement rate is $41.00 per unit. We will be changing the rate to $20.50 in 2016. This will bring us into compliance with the payment methodology outlined in the State plan. Dr. Simpatico presented the data on what other states are reimbursing for this procedure code. Vermont is the highest at $41, the lowest is $14.40 and the average is $25.

In addition, it is Medicaid state regulation that a member may not attend more than 3 groups a week and that there are not more than 10 people in the group.

Public notice of this change was posted on the DVHA website for providers to see. There was a comment period. DVHA responded to provider comments and posted the document on the DVHA website.

Vermont Medicaid sends notification to providers via the Remittance Advice documents, post on the website, and post changes in the fee schedule. All code/fee schedule updates are added quarterly. Public notice is published in the newspaper for some changes that affect the State Plan.

Suggestions were made as to how to share information more directly to clinicians, rather than their billing departments, including use of state chapters of specialty organizations.

Action Item - Outpatient Psychotherapy Proposal Continued

At the last meeting we reviewed utilization of the outpatient psychotherapy services for adults and children. The number of outpatient psychotherapy services per person is increasing. This is not totally attributable to the Medicaid member increase. Our focus is not about cutting services, but ensuring that we are getting the most out of the services. Are we using the money spent most efficaciously? We want help from CURB in using economic predictive modeling to make a good decision on how money should be spent.

Action Item:

1) Accept things as they are Or
2) Make changes and make the recommendation to the Commissioner

   Suggested Change:
   - Outpatient psychotherapy providers will report
     1. Diagnosis
     2. Type of psychotherapy (e.g. supportive, CBT, DBT, Psychoanalytic psychotherapy)
   - One standard deviation beyond median requires prior authorization (PA).

This will provide us with more information for us to work with.

Discussion:
How can we painlessly extract the information from providers (type of psychotherapy)?
Will we be able to use a modifier for the provider to report the type of psychotherapy?
Will ICD-10 enable the provider to report this?
Do we only want to require the provider to report the type of psychotherapy for the PA process?
Should we survey the providers?

The board voted unanimously in favor of requiring outpatient psychotherapy providers to report:

1. Diagnosis
2. Type of psychotherapy (e.g. supportive, CBT, DBT, Psychoanalytic psychotherapy)
3. Require prior authorization for outpatient psychotherapy visits one standard deviation beyond median

Action Item:
DVHA will brainstorm how to operationalize this and present it at the next meeting.

Economic Impact of Integrated Medical-Behavioral Healthcare

The American Psychiatric Association (APA) commissioned a report by Milliman, Inc. to evaluate the potential economic impact of integrated behavioral and medical care for reducing healthcare spending on care for people with chronic medical and behavioral co-morbidities.
Milliman compared data from four distinct groups:

- People with no mental health or substance abuse disorders
- People with mental health diagnosis but no serious persistent mental illness
- People with serious and persistent mental illness
- People with substance abuse disorder diagnosis

The Key findings are that only 14% of people with insurance are receiving treatment for mental health or substance abuse disorders, but they account for 30% of total health care spending. The tendency is to treat medical and behavioral health conditions including mental health and substance abuse disorders as they occur in different domains, rather than within the same person.

In Vermont a high proportion of our highest cost members and frequently hospitalized members suffer from mental illness or substance abuse. 42% of Vermont Medicaid's total population is receiving mental health or substance abuse service. 30% of the total Medicaid spend was spent on mental health or substance services. VT Medicaid should have a greater impact on overall healthcare costs than Milliman predicts if Vermont can implement effective strategic interventions using Emergency Department visits and lengthy hospitalizations as outcome indicators.

There is an opportunity for the board to effectively look at elements to weave into projects which would have an impact on the system.

Discussion:
How do members get on and off the top 100 cost list?
What is the most effective intervention for this population? It is hard to know what works. Many interventions are personality-driven instead of process- driven. We need treatment results to be reproducible.
Could effective care be mission- driven?

Action Items:

1. New England Comparative Effectiveness Public Advisory Council (CEPAC) white paper focused on one model with the most support. We will email this to the board for review.
2. DVHA will brainstorm and have actionable items to present and review with the board.

Adjournment – CURB meeting adjourned at 8:20 PM

Next Meeting

September 16, 2015
Time: 6:30 PM – 8:30 PM
Location: Department of Vermont Health Access, Williston, VT